


FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
For Official Use Only <div style="text-align: center;">  </div>	1. FILE NUMBER <div style="text-align: center; font-size: 1.2em;">015-728</div>	2. PERIOD COVERED <div style="text-align: center;"> MO DAY YEAR From 7 1 1999 Through 6 30 2000 </div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here:
<div style="text-align: center; font-weight: bold; font-size: 1.1em;">IMPORTANT</div> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p> <div style="margin-top: 20px;"> <p><i>Carpenters AFL-CIO</i></p> <p>4. AFFILIATION OR ORGANIZATION NAME <i>100 GIB</i></p> <p>5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER</p> <p>7. UNIT NAME (if any)</p> </div>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <i>STEVEN</i> Last Name <i>GROUP</i> P.O. Box • Building and Room Number (if any) <i>HCR 71 BOX 159K</i> Number and Street City <i>HOSTONTOWN</i> State ZIP Code + 4 <i>P.A. 17229-</i>	
19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
20. SIGNED: <i>Boyer W. [Signature]</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>11/1/01</i> <i>1814 8448-9619</i> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Telephone Number </div>	PRESIDENT (If other title, see instructions.)	21. SIGNED: <i>Duane White</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>11/1/01</i> <i>(717) 787-3538</i> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Telephone Number </div>	TREASURER (If other title, see instructions.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 015-728

Complete Items 9 through 18.

9. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No ☒ ☐
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

10. Did your organization change its rates of dues and fees during the reporting period? Yes No ☐ ☒
(If "Yes," report the new rates in Item 19 on page 1.)

11. Did your organization discover any loss or shortage of funds or property during the reporting period? Yes No ☐ ☒
(If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)

12. Was your organization insured by a fidelity bond during the reporting period? Yes No ☐ ☒
If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person. \$

13. How many members did your organization have at the end of the reporting period? 50

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.). \$ 28105

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.). \$ 0

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.) \$ 5806

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.). \$ 5931

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). \$ 1640

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.